# EXHIBIT R

Luis A. Sanchez, M.D. Executive Director & Chief Medical Examiner

# **BUSINESS RECORDS AFFIDAVIT**

### THE STATE OF TEXAS

### THE COUNTY OF HARRIS

I, the undersigned, being duly sworn upon my oath, do hereby certify:

- 1. My name is <u>Marris Beavers</u> and I am the Custodian of Records for HARRIS COUNTY INSTITUTE of FORENSIC SCIENCES and, in this capacity, I have custody of the business records of the decedent examined at this facility.
- 2. I have personally reviewed the attached records this date, and I certify that these records are business records maintained at this facility concerning the decedent, that these records were personally prepared by members of the staff of this facility, that all of the entries made in the records were made at or about the time of the examination of this decedent which are described in said records and that said records have been maintained at all times in the regular and ordinary course of this business at this facility.
- 3. The attached <u>26</u> pages are/is true and complete copies of said records.

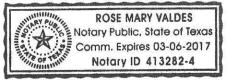
ML15-2613 - Tuyet N. Tran

Marris Beavers, Custodian of Records

SUBSCRIBED AND SWORN to before me this 4 day of mac , 20/6.

NOTARY PUBLIC

My Commission Expires: March 6, 3017



STATE OF TEXAS

Luis A. Sanchez, M.D. Executive Director & Chief Medical Examiner

COUNTY OF HARRIS §
I, Luis A. Sanchez, M.D., Executive Director & Chief Medical Examiner of Harris County, do
hereby certify that the attached autopsy report and toxicology report (where applicable) represent
a true and correct copy of the Autopsy/External Examination findings on the body of
Tuyet N. Tran, Case # ML15-2613
Witness my hand in Harris County, Texas, this 14th day of March, 2016.
Executive Director / Chief Medical Examiner Harris County, Texas
Subscribed and sworn to before me this 14th day of March, 2016.
VELISIA CHILDERS Commission # 124744027 My Commission Expires Movember 12 2019  Notary Public, Harris County, Texas



Luis A. Sanchez, M.D. Executive Director & Chief Medical Examiner

# **AUTOPSY REPORT**

Case No. ML15-2613

July 22, 2015

# ON THE BODY OF

Tuyet N. Tran

CAUSE OF DEATH: Blunt force head trauma

MANNER OF DEATH: Homicide

DATE OF DEATH: July 21, 2015

Sara N. Doyle, M.D.

Assistant Medical Examiner

MMDDYY

Reviewed by:

Dwayne A. Wolf, M.D., Ph.D.

Deputy Chief Medical Examiner

Tuyet N. Tran ML15-2613 -2-

# POSTMORTEM EXAMINATION ON THE BODY OF

# Tuyet N. Tran

HISTORY: This 48-year-old Asian woman, identified by fingerprint comparison as Tuyet N. Tran, was pronounced dead at 10:00 a.m. on July 21, 2015, at a nail salon at 10800 Bellaire Boulevard, in Houston, Texas.

AUTOPSY: The autopsy is performed at the Harris County Institute of Forensic Sciences by Assistant Medical Examiner Sara N. Doyle, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, and beginning at approximately 11:50 a.m. on July 22, 2015. Officers David Ferguson, C. Liu, and Kenneth Elliott of the Houston Police Department are in attendance.

EXTERNAL APPEARANCE: The body is that of a normally-developed, 64 inch, 143 pound Asian woman whose appearance is consistent with the given age of 48 years. The straight black hair measures up to approximately 7 inches. The eyes have brown irides. The conjunctivae have no hemorrhage, petechiae, or jaundice. Cosmetic tattoos are over both eyebrows and the lash lines of the upper and lower eyelids bilaterally. The oral cavity has natural teeth in good repair. The oral mucosa is atraumatic. Blunt force head injuries are subsequently described under the EVIDENCE OF INJURY paragraph. The torso and extremities are normally developed and symmetrical. Multiple healing scabs and hyperpigmented ovals are predominantly over the back and focally over the bilateral dorsal upper extremities and abdomen. Striae are over the lower abdomen.

The fingernails are very short, intact, and do not extend beyond the fingertips. The toenails contain a French style manicure and are unremarkable. A 2 inch faint pink discoloration without hemorrhage is at the volar right antecubital fossa region. A 2 inch oval to irregular faint scar is on the anterior left shin.

The genitalia, including the labia majora, labia minora, posterior fourchette, and vaginal canal are free of injuries. Thin bloody fluid is within the vagina (Note: Internal examination reveals hemorrhagic endometrium consistent with menstrual endometrium as subsequently described). The anus is unremarkable and has no injuries.

Tuyet N. Tran ML15-2613 -3-

CLOTHING AND PERSONAL EFFECTS: When first viewed, the decedent is clad in a black lace blouse which is pulled up at one side, a bloodstained gray bra, blue jeans, black underwear, and a black sandal on the right foot. No matching sandal is received. The black shirt has a high beaded neckline which contains a button and loop closure at the back which is open. The loop and button are intact. The bra has a hook-and-eye closure with one of the hooks absent, as well as a loose eye closure. The fabric of the bra is partially torn centrally, however, the bra remains attached anteriorly. The left middle finger has a metal ring with a white stone. The ring is swabbed and the swabs are submitted to evidence. The ring is submitted as property. The clothing is submitted to evidence.

POSTMORTEM CHANGES: There is moderate rigor mortis of the upper and lower extremities, neck, and jaw. Lividity is blanching, pink-purple, and posterior in the dependent areas. The body is cold, subsequent to refrigeration.

# EVIDENCE OF INJURY, EXTERNAL AND INTERNAL:

I. <u>BLUNT FORCE HEAD TRAUMA</u>: Multiple blunt force injuries involve the head. Injuries of the scalp with associated underlying skull fractures indicating separate impacts are described below in parts A through F. No sequence is implied. Additional scalp injuries not associated with skull fractures are described in part G, and intracranial injuries are described in part H.

A. The right parietal scalp is remarkable for a 3/4 by 1/2 inch roughly right-triangular full-thickness laceration with a square inferior posterior corner. The inferior horizontal edge of this laceration is horizontally parallel with a 1/4 inch linear laceration located slightly anterior to this. The 1/4 inch linear laceration is full thickness with tissue bridging at its base. The 3/4 by 1/2 inch triangular laceration is full thickness, has an abraded border, and has tissue bridging at its base. A 1/4 by 3/16 inch full thickness, roughly H shaped laceration is approximately 1 inch anterior to the triangular laceration. It is full thickness, has an abraded border, and has tissue bridging at its base. An area of tissue avulsion is located between the triangular laceration, the 1/4 inch linear laceration, and the 1/4 by 3/16 inch H shaped laceration. A stellate skull fracture directly underlies this area of blunt injury (see separate REPORT OF ANTHROPOLOGY CONSULTATION, Impact site A).

Tuyet N. Tran ML15-2613 -4-

A 3 by 3/4 inch area of contusion is above the three previously described lacerations. A 2-3/4 horizontal by 3/4 inch vertical area of contusion is below and slightly posterior to these three lacerations. A 1 inch oval area of contusion is below and anterior to these three lacerations.

- B. The medial right forehead is remarkable for a stellate, full-thickness laceration measuring 1-1/2 inches in greatest vertical dimension and 1-1/4 inches in horizontal dimension. This stellate laceration consists of a 1 inch arm running superiorly from the center of the laceration, a 3/4 inch arm running inferolaterally from the center of the laceration, and a 3/16 inch arm running leftward. Tissue bridging is visible at the edges of the laceration. The superolateral edge of the wound is undermined for approximately 1/2 inch. A complex stellate skull fracture with a displaced triangular fragment underlies this laceration, and is continuous with fractures of the bilateral orbital roofs (see separate REPORT OF ANTHROPOLOGY CONSULTATION, impact site B). A 1/2 inch purple contusion is on the right side of this laceration. A 1/4 inch faint pink contusion is on the left side of this laceration.
- C. A 1/2 inch vertical by 3/8 inch horizontal rectangular full-thickness laceration involves the superior-lateral left frontal scalp and has abraded borders and tissue bridging at its base. A comminuted, depressed skull fracture underlies this laceration, radiates linearly to involve the left frontal, temporal, and parietal bone, and is focally continuous with previously described fractures in A and B above, as well as being focally continuous with the fracture described below in part F. (See separate REPORT OF ANTHROPOLOGY CONSULTATION, Impact site C).
- D. The left occipital scalp is remarkable for a vertically-oriented, 7/8 inch, full-thickness laceration with a 1/4 inch fork at its right edge, forming roughly a Y shape. Tissue bridging is visible at the base of this laceration. A stellate fracture with a displaced triangular bone fragment centrally directly underlies this laceration, and radiates linearly to be continuous with the fractures described in E and F below. (See separate REPORT OF ANTHROPOLOGY CONSULTATION, Impact site D).
- E. A 3/8 inch full-thickness linear oblique laceration with a 1/16 inch inferior abraded border is on the right superior occipital scalp. Tissue bridging is visible at the base. A curvilinear fracture radiates inferiorly from the right lambdoid suture, directly underlying

Tuyet N. Tran ML15-2613 -5-

this laceration, is associated with a triangular bone fragment of the internal skull table, and is focally continuous with the fracture previously described in part D. (See separate REPORT OF ANTHROPOLOGY CONSULTATION, Impact site E).

F. The left parietotemporal scalp is remarkable for a 3/4 inch linear full-thickness laceration with a forked superior edge which is oriented obliquely with the anterior edge slightly above the posterior edge. The fork is 1/8 inch in length. This laceration is surrounded by a 1/16 inch abraded border and has tissue bridging at its base. A complex linear fracture directly underlies this laceration, and is focally continuous with the fractures previously described in parts C and D (See separate REPORT OF ANTHROPOLOGY CONSULTATION, Impact site F). A 3/4 inch faint contusion is at the anterior edge of this laceration.

# G. Scalp injuries not associated with skull fractures:

The superior central frontal scalp has a 1-1/2 inch oval faint ring of contusion with a 1/2 inch circular to oval spared area centrally which contains softening and hemorrhage of the underlying tissue.

A 1 inch area of patchy contusion is on the central left occipital scalp A 3 inch vertical by 2 inch horizontal area of patchy purple contusion is at the central right occipital scalp. A 1/16 inch small laceration with a 1/8 inch contused border is on the superior medial left occipital scalp.

A 5/8 inch oblique linear full-thickness laceration with smooth borders and no tissue bridging is at the right lateral forehead - temporal region, and has a 1/16 inch abraded border superiorly. A 3/8 inch oval contusion is inferior and posterior to this laceration.

# H. Intracranial injuries:

Approximately 50 milliliters of clotted non-adherent subdural hemorrhage are over the left convexity and bilateral base of the brain. Thick subarachnoid hemorrhage is diffusely over the brain. Areas of patchy purple cortical contusions involve the lateral left frontal, parietal, temporal, and occipital region (12 by 7 centimeters), with a 1.5 centimeter area of extension over the inferior left temporal lobe. A 0.5 centimeter area of contusion involves the inferior left frontal lobe. A 2 by 0.5 centimeter area of contusion involves the inferior right frontal lobe. A 2.5 by 1 centimeter area of contusion involves

Tuyet N. Tran ML15-2613 -6-

the anterior right temporal pole. A 0.1 centimeter punctate area of purple contusion involves the inferior lateral left occipital lobe. A 4 by 2 centimeter area of contusion involves the lateral right parieto-occipital lobe. A 1.5 centimeter area of contusion involves the inferior right occipital lobe.

Coronal sections of the cerebrum reveal that the above described contusions are confined to the cortices and do not extend into white matter. In addition, focal punctate hemorrhages are identified within the midbrain. The brain is not swollen. There is no herniation or midline shift.

II. CONTUSION OF LEFT WRIST: A 1 inch oval purple contusion involves the volar left wrist.

The injuries above, having been described, will not be repeated.

### INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs. The pleural, pericardial, and peritoneal cavities contain no abnormal fluid accumulations or adhesions.

HEAD: The head is previously described under EVIDENCE OF INJURY. The brain weighs 1150 grams. The cortex, white matter, deep nuclear structures, brainstem, and cerebellum are unremarkable except for the previously described injuries.

NECK: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. Layer-wise examination of the anterior and posterior neck strap muscles reveals no focal hemorrhages. The upper airway is patent. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 250 grams and has a right-dominant coronary artery circulation without atherosclerosis of the epicardial vessels. The myocardium has no focal lesions. The left ventricular free wall and interventricular septum are each 1.2 centimeters, and the right ventricle is 0.3 centimeters thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta has no atherosclerosis. The venae cavae and pulmonary arteries contain no thrombi or emboli.

Tuyet N. Tran ML15-2613

RESPIRATORY SYSTEM: The right lung weighs 280 grams, and the left weighs 275 grams. The lungs have no masses or consolidations. The bronchi are unremarkable.

LIVER, GALLBLADDER, AND PANCREAS: The liver weighs 1400 grams and has an intact capsule and pale tan parenchyma without focal lesions. The gallbladder contains 5 milliliters of green bile without stones. The gallbladder mucosa is unremarkable. The pancreas is unremarkable in lobulation, color, and texture.

SPLEEN AND LYMPH NODES: The spleen weighs 80 grams and has an intact capsule. The parenchyma is slightly pale and has no focal lesions. There are no enlarged lymph nodes. The bone marrow, where viewed, is unremarkable.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are slightly pale and have no focal lesions.

GENITOURINARY SYSTEM: The right kidney weighs 105 grams, and the left weighs 110 grams. Each kidney has a slightly pale surface with an unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder which contains 25 milliliters of clear yellow urine. The uterus, ovaries, and fallopian tubes are unremarkable. The endometrium is hemorrhagic, consistent with menstrual endometrium. A small amount of bloody fluid is within the vagina, consistent with menstrual blood. The vagina is unremarkable and has no trauma.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 250 milliliters of intact undigested fragments of noodles and vegetables. The gastric mucosa has no focal lesions. The serosal surfaces of the small intestine and large intestine are smooth and glistening. The vermiform appendix is unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis have no fractures. The musculature is normally distributed and is unremarkable.

TOXICOLOGY: Specimens including blood, vitreous, urine, bile, stomach contents, liver, and brain are submitted to toxicology.

Tuyet N. Tran ML15-2613 -8-

HISTOLOGY: Specimens including heart, lung, liver, kidney, spleen, and brain are submitted to histology.

PHYSICAL EVIDENCE: Specimens including sexual assault evidence collection kit, fingernail scrapings and clippings, DNA bloodstain card, pad from inside underwear, swabs from ring on the left hand, and clothing are submitted to evidence.

ANTHROPOLOGY: Anthropology consultation for evaluation of skull fractures performed, see separate REPORT OF ANTHROPOLOGY EVALUATION.

# PATHOLOGICAL FINDINGS

- A. Blunt force head trauma
  - 1. Multiple abrasions, contusions and lacerations of head
  - 2. Multiple skull fractures
  - 3. Subdural and subarachnoid hemorrhage
  - 4. Multiple cortical contusions of brain
  - 5. Punctate hemorrhage of midbrain
- B. Contusion of volar left wrist

Tuyet N. Tran ML15-2613

# HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES 1885 OLD SPANISH TRAIL HOUSTON, TEXAS 77054–2001

Sara N. Doyle, M.D. Assistant Medical Examiner ML15-2613

# MICROSCOPIC EXAMINATION

Summary: Four H&E-stained slides are examined.

HEART - Sections from the left and right ventricles have mild myocyte hypertrophy.

BRAIN - Section of the frontal lobe has acute subarachnoid hemorrhage and mild edema. Section of the hippocampus has no significant pathologic change.

LUNG - Edema and congestion. Focal intravascular neutrophils.

LIVER - No significant pathologic change.

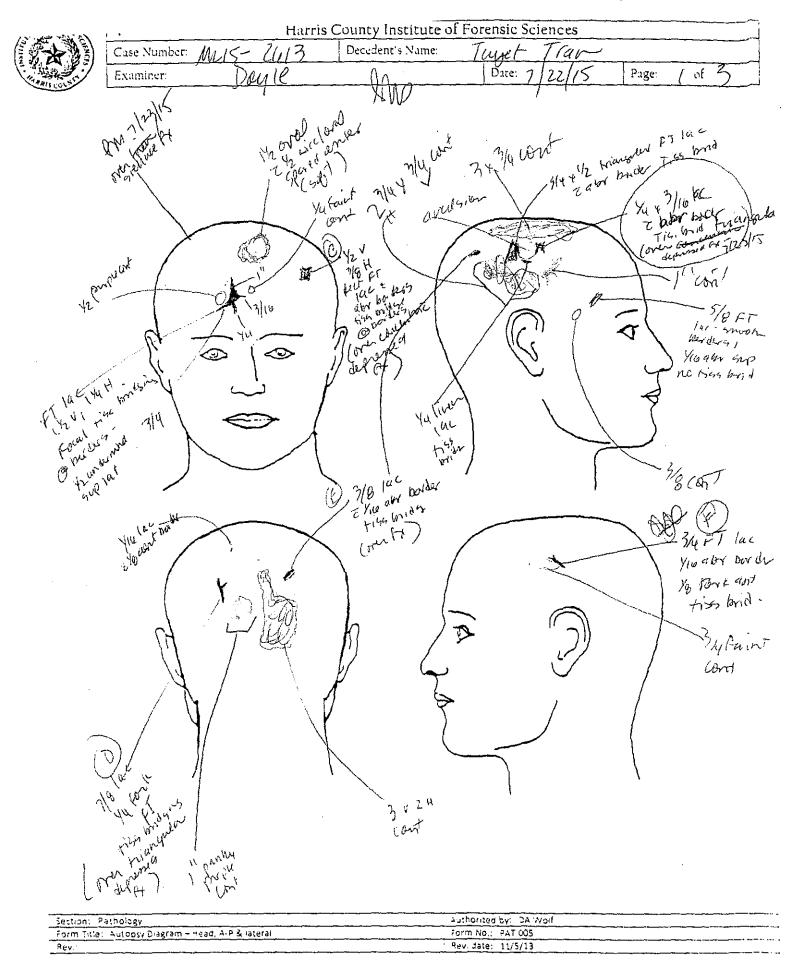
KIDNEY - No significant pathologic change.

SPLEEN - No significant pathologic change.

Sara N. Doyle, M.D.

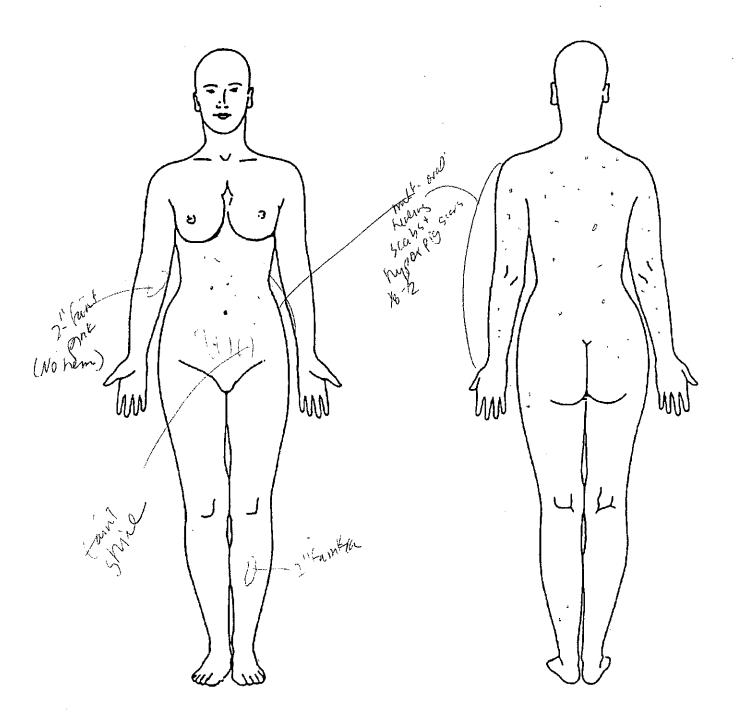
Assistant Medical Examiner

MDDYY .





Harris County Institute of Forensic Sciences					
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Examiner:	Doyle and	Date: 7/22/15	Time: 1.50 AN		
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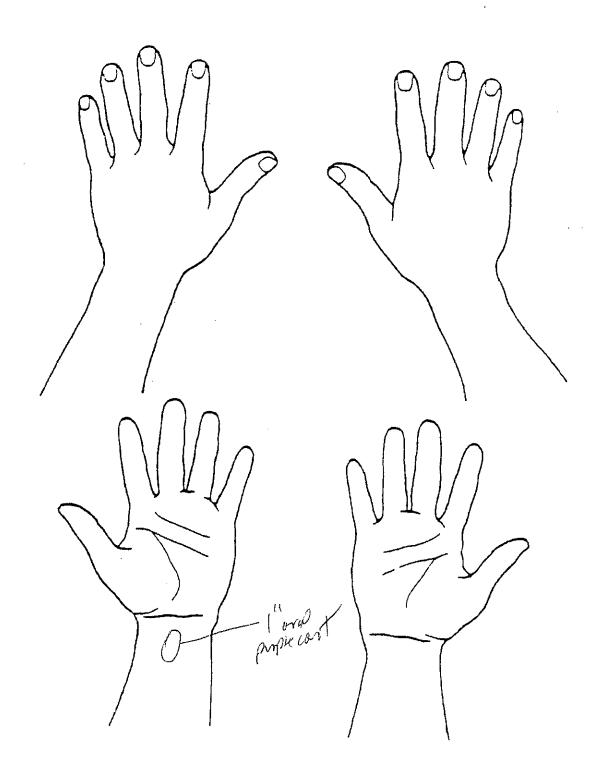


Section: Pathology	Authorized by: DA Wolf
Form Title: Autopsy Diagram Adult Female, Front/ Back	Form No.: PAT.002
Rev.:	Rev. date: 11/5/13

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Harris County Institute of Forensic Sciences						
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Examiner:	Dente	600	Date: 7/22/15	Page: 3 of 3		
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Section: Pathology	Authorized by: DA Wolf
Form Title: Autopsy Diagram - Hands, all views	Form No.: PAT.010
Rev.:	Rev. date: 11/5/13

# HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 Old Spanish Trail

Houston, Texas 77054-2001

Phone: 713-796-6830 Fax: 713-796-6838

### LABORATORY REPORT

August 13, 2015

LABORATORY NUMBER: ML15-2613

Deceased: TUYET N TRAN

Submitted By:

Sara N. Doyle, M.D.

Assistant Medical Examiner

Harris County Institute of Forensic Sciences

1885 Old Spanish Trail

Houston, TX 77054

Agency Number:

ML15-2613

**Submission Date:** 

July 22, 2015

Specimen: Clot

**Analyte** 

Amphetamine/Methamphetamine, Cocaine

Metabolite, Phencyclidine

Ethanol, Methanol, Isopropanol, Acetone

Result

None Detected

Analytical Method Immunoassay - ELISA **Analyst** 

M. Lenoir

M.

None Detected

Headspace GC

K. Peterson

INSTITUTE OF FORENSIC SCIENCES

AUG 1 3 2015

RECEIVED RECORDS CUSTODIAN \_

Glenna Thomas, BS, C (ASCP), D-ABFT-FT

Glenna C-Chom

Technical Reviewer Toxicologist II

August 13, 2015

Fessessework Guale, DVM, D-ABVT, D-ABFT-FT

Guale

Expert Reviewer

Toxicology Analytical Operations Manager

August 13, 2015

Medical Examiner's Initial

XW 8/11/15

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.

This Laboratory is Accredited by ASCLD/LAB-International and ABFT.

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# HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES 1885 OLD SPANISH TRAIL HOUSTON, TEXAS 77054-2098

Sharon M. Derrick, Ph.D., D-ABFA Forensic Anthropologist

ML15-2613

# REPORT OF ANTHROPOLOGY CONSULTATION

CASE NUMBER:

ML15-2613

NAME:

TUYET N. TRAN

PATHOLOGIST:

Sara Nunez Doyle, MD

DATE COMPLETED: September 1, 2015

On July 22, 2015, Dr. Doyle, Assistant Medical Examiner, requested a trauma analysis of the neurocranium of ML15-2613, a 48 year old female. Specifically, Dr. Doyle requested an estimate of the number and sequence of impact sites present. The cranial base was examined and diagramed *in situ* during the autopsy. The fragmentary calotte was placed in a container labeled with the case number and transferred to the Anthropology Laboratory. The calotte was chemically processed to remove soft tissue, reconstructed with cyanoacrylate glue, examined, and photographed. On July 23, 2015, the calotte was re-approximated on the cranial base for additional photographs, and then returned to Morgue staff.

### Findings:

Perimortem blunt force trauma is present on the neurocranium. A minimum of six blunt force impact sites are identified; however, the information provided by examination of the fracture patterns is insufficient to determine the sequence of the impacts. During reconstruction the fragmented calotte exhibits bone deformation at the impact sites. All fracture margins are sharp and without evidence of healing, consistent with injury at or near the time of death. The bone quality and morphology are otherwise unremarkable. The impact sites and associated fractures, labeled A–F (no sequence implied), are described individually below.

Tuyet N. Tran
Report of Anthropology Consultation
ML15-2613
-2-

# Impact Sites A-F

Impact sites A-F are represented by four focal stellate or depressed fractures distributed on the frontal, left and right parietals, and the occipital, and two stellate fractures associated with a large circumscribed region of comminution present on the left side of the neurocranium. Curvilinear radiating fractures communicate with all of the impact sites.

- A. Impact Site A: A stellate fracture marked by a displaced triangular fragment is located on the lateral right parietal superior to the temporal line. Three curvilinear fractures radiate superiorly, anteroinferiorly, and posteroinferiorly from the stellate fracture.
- B. Impact Site B: A stellate fracture marked by a displaced triangular fragment is located superior to glabella on the frontal bone. The triangular fragment is located to the left of the midline. Four curvilinear fractures radiate inferiorly, laterally to the left and the right, and superolaterally to the left. The inferiorly radiating fracture extends into the ethmoid and the crista galli. Small bifurcations are present on two of the radiating fractures.
- C. Impact Site C: A relatively large region of comminution, 67 X 34 mm in size, is centered at pterion, spanning portions of the left frontal, left parietal, left greater wing of the sphenoid, and the left temporal. Impact Site C is located within the comminuted region. The impact site is marked by a depressed bone fragment. A linear pattern is crushed into the external table of the fragment.
- D. Impact Site D: A stellate fracture with a large displaced triangular fragment (16.8 X 9.5 X 19.4 mm) is located at the left lambdoid suture. Two curvilinear fractures and one diastatic fracture radiate from the stellate fracture. One curvilinear fracture radiates to the left and one radiates superiorly. The diastatic fracture courses to the right through the lambdoid suture.
- E. Impact Site E: The impact site is located on the right lambdoid suture and is marked externally by a curvilinear fracture radiating inferiorly from the diastatic lambdoid suture. Internally, a roughly triangular bone fragment is displaced at the location.
- F. Impact Site F: The comminuted region associated with Impact Site C contains a second impact site. The site is marked by spalling of the cortical bone and a complex fracture located within the temporal squama posterior to Impact Site C.

Tuyet N. Tran
Report of Anthropology Consultation
ML15-2613
-3-

# Interpretation:

Multiple stellate fractures marked by small depressed or displaced fragments and accompanied by bone deformation are present. The fracture pattern is consistent with a minimum of six blunt force impacts by an object or a portion of an object with a relatively small surface area. The triangular morphology of several of the fracture margins and the linear patterned impression on the fragment at Impact Site C indicate that the surface of the object likely has a linear component. No healing is observed, consistent with perimortem injury.

# Summary:

Perimortem blunt force trauma is present in the neurocranium. The fracture pattern indicates a minimum of six impacts by an object or a portion of an object with a relatively small surface area and a linear component. The sequence of the impacts is indeterminate. No evidence of fracture healing is observed, consistent with injury at or near the time of death. The bone quality and morphology are otherwise unremarkable.

Sharon M. Derrick, Ph.D., D-ABFA MMDDYY

Forensic Anthropologist

Harris County Institute of Forensic Sciences			
Section: Anthropology Authorized by: Director of Forensic Anthropol			
Form Title: Adult skull (Overall 1)	Form No.: ANTD-12		
Rev.: 0 Rev. Date: 3/25/2015			

16.6

Gross photographs taken in situ Reconstructed calotte

\_\_\_\_ = autopsycut

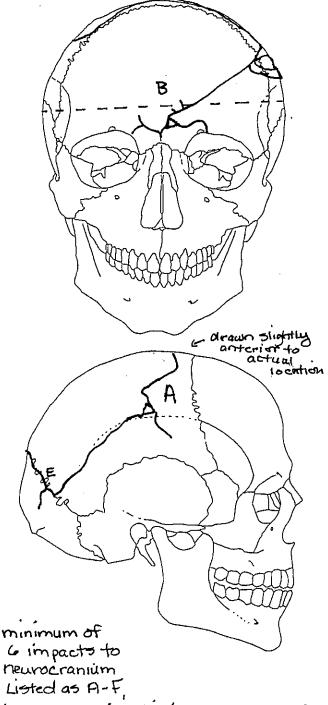
Formalin Lot: NIH

Equipment used: Digital Sliding

Caliper (Avenger)

Locktite glue

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impact &

to sequence implied unable to determine sequence by fracture patterns

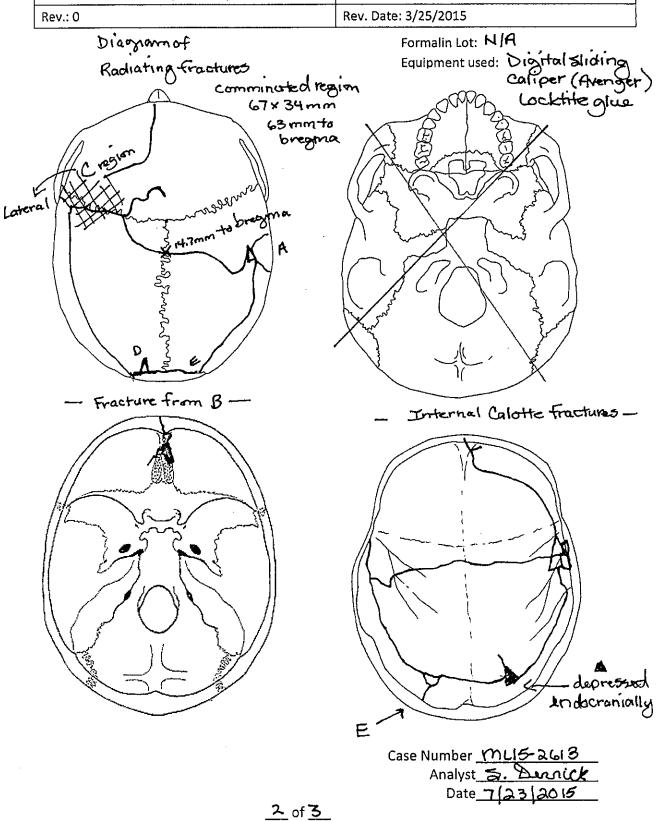
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MU5-2613

Analyst S. Derrick

Date 7 23 2015

Harris County Institute of Forensic Sciences			
Section: Anthropology Authorized by: Director of Forensic Anthrop			
Form Title: Adult skull (Overall 2)	Form No.: ANTD-13		
Rev.: 0 Rev. Date: 3/25/2015			



Harris County Institute of Forensic Sciences				
Section: Anthropology Authorized by: Director of Forensic Anthropo				
Form Title: Notes – Blank	Form No.: ANTF-8			
Rev.: 1 Rev. Date: 03/20/2015				

On July 22, 2015, Dr. Doyle, Assistant Medical Examiner, requested a trauma analysis of the neurocranium of ML15-2613, a 48 year old female. Specifically, Dr. Doyle requested an estimate of the number and sequence of impact sites present. The cranial base was examined and diagramed in situ during the autopsy. The fragmentary calotte was placed in a container labeled with the case number and transferred to the Anthropology Laboratory. The calotte was chemically processed to remove soft tissue, reconstructed with cyanoacrylate glue, examined, and photographed. On July 23, 2015, the calotte was re-approximated on the cranial base for additional photographs, and then returned to Morgue staff.

# Impact Sites A-F

- Bone deformation is observed at the impact sites during reconstruction of the calotte.
- A. Impact Site A: stellate fracture marked by a displaced triangular fragment is located on the lateral right parietal superior to the temporal line. Three curvilinear fractures radiate superiorly, anteroinferiorly, and posteroinferiorly from the stellate fracture.
- B. Impact Site B: A stellate fracture marked by a displaced triangular fragment is located superior to glabella on the frontal bone. The triangular fragment is located to the left of the midline. Four curvilinear fractures radiate inferiorly, laterally to the left and the right, and superolaterally to the left. The inferiorly radiating fracture extends into the ethmoid and the crista galli. Small bifurcations are present on two of the radiating fractures.
- C. Impact Site C: A relatively large region of comminution, 67 X 34 mm in size, is centered at pterion, spanning portions of the left frontal, left parietal, left greater wing of the sphenoid, and the left temporal. Impact Site C is located within the comminuted region. The impact site is marked by a depressed bone fragment. A linear pattern is crushed into the external table of the fragment.
- D. Impact Site D: A stellate fracture with a large displaced triangular fragment (16.8 X 9.5 X 19.4 mm) is located at the left lambdoid suture. Two curvilinear fractures and one diastatic fracture radiate from the stellate fracture. One curvilinear fracture radiates to the left and one radiates superiorly. The diastatic fracture courses to the right through the lambdoid suture.
- E. Impact Site E: The impact site is located on the right lambdoid suture and is marked externally by a curvilinear fracture radiating inferiorly from the diastatic lambdoid suture. Internally, a roughly triangular bone fragment is present at the location.
- F. Impact Site F: The comminuted region associated with Impact Site C contains a second impact site. The site is marked by spalling of the cortical bone and a complex fracture located within the temporal squama posterior to Impact Site C.

Nothing further...... 5m9 9(3/2015

Case Number ML15-2613
Analyst 2. Denick
Date 9 3 2015

Tracking·Sheet: YES □ NO □

# HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 OLD SPANISH TRAIL HOUSTON, TEXAS 77054-2001 INVESTIGATOR REPORT

INVESTIGATOR						CAL LEGAL	
		DATE AND TIME		ŒD		COMPANION CASE	
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RACE SEX		DOB			AGE		
ASIAN FEMALE		3/24/1967			48 YEARS		
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Case Number: ML15-2613

APPENDIX 0294
Revised 01/17/06

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Decedent: TUYET N TRAN,

Case Number: ML15-2613

BODY CONDITION		BODY TEMPERATURE	
LIVIDITY:		First Reading	Second Reading
		<b>Date:</b> 7/21/2015 4:00:00 PM	<b>Date:</b> 7/21/2015 4:00:00 PM
RIGOR:		<b>Temp:</b> 76.8F	<b>Temp:</b> 87.8F
,		Type: AXILLARY TEMP	Type: AMBIENT TEMP
DECOMPOSITION: NO	NE		
	HOST	PITAL INFORMATION	
MEDICAL RECORD#		CORD/PLACENTA	<u>an a gifte a l'ha che un esponavene d'avan al que gestaura en arte a l'artico de les les l</u> Transportations
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		EDICAL HISTORY	
PERSONAL PHYSICIAN UNK	PHONE	CONSENT TO SIGN D.C	Inquest Only Cause of Death
REASON IF DECLINED	ASSOCIATE	PHONE	
THE DECEDENT HAD A ME	EDICAL HISTORY OF		
Cardiovascular Disease:		Chronic Obstructive Pulmon	arv Disease:
Diabetes:		Seizures:	
High Blood Pressure:		Heart Disease:	
Renal Failure:		Cancer:	
Psychiatric Condition:		HIV/AIDS:	
NOTE REGARDING MEDIC	AL HISTORY:		
UNK			
	ali kalinania a <b>s</b>	OCIAL HISTORY	
TOBACCO	ALCOHOL		DRUGS
UNKNOWN	UNKNOWN		Unknown
		DENTIFICATION	
IDENTIFICATION IS POSITIVE		HOW IDENTIFIED TDL COMPARISON	
LOCATION OF I.D.			WITNESS MAKING I.D.:
AT SCENE			DET GILBERT
DECEDENT WAS BROUGHT TO M			
		AN PROCUREMENT	e i kizi i bie ni i i beni, ke str
REQUEST FOR ORGAN DONATIO	N	REQUEST FOR TISSUE DONATION	
DENIED OR RELEASED BY		CORNEAS REMOVED	
NOTES REGARDING DONATION:			
		FFICER REQUEST	
OFFICER(s) DET. GILBERT			LEAD TIME REQUESTED

**Decedent:** TUYET N TRAN, Case Number: ML15-2613

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# **CLOTHING / PERSONAL EFFECTS LIST**

CATEGORY	CLOTHING	DESCRIPTION
SHIRT/BLOUSE		
PANTS/SKIRT		
UNDERGARMENT		
FOOTWEAR		
JEWELRY		
OTHER		

CURRENCY VALUE EACH	QTY	TOTAL CURRENCY	COIN VALUE EACH	QTY	TOTAL COIN (S)
			•		
		*			

**Total Currency: / Total Coins:** 

**NOTES:** 

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**Decedent:** TUYET N TRAN, Page 5 of 6

Case Number: ML15-2613

### INVESTIGATIVE INFORMATION

# Case Synopsis

The decedent was a 48 y/o AF who sustained blunt force head trauma. Trace scene.

# **Decedent Physical Exam**

The decedent was observed lying supine on the floor of a back supply/kitchen room. Both arms were bent at the elbow. The legs were stretched She was clothed in a black lacy top with bra underneath and jeans. One shoe was noted on the right foot. Blunt force trauma was noted of the head with approximately five open wounds exposing skull and brain. The decedent had \$19 in her right back pocket. This was inventoried in the presence of HPD. Axillary temp was 76.8F. The bilateral hands were bagged. Lividity was blanching and consistent with her found position. Rigor was difficult to break in all extremities. Trace was performed by Analyst Zury Phillips.

# **Scene Observation**

The scene was located at Signature Beauty Show salon in the 10800 block of Bellaire Blvd, Houston, TX. The front entrance showed no signs of forced entry. Upon entering the business two large glass cases with nail and beauty products could be seen on either side. A knocked over display easel was seen on the floor. The back of the business contained approximately three rooms which had massage tables, supply/kitchen area and a bathroom. Several nail stations were set up alongside the wall. Evidence marker one indicated where a cash till and change were found. CSU collected the cash till prior to HCIFS arrival. Evidence marker 2 indicated where the decedent's wallet and TDL were found. The wallet was also collected prior to HCIFS arrival. Several shoe print impressions were circled by CSU on the hardwood floor leading back to where the decedent was located. Several misc. papers were noted on the ground. The room where the decedent was located contained a fridge, sink, folding chairs, a table with food items and several storage containers. Blood spatter was noted on the door, chairs, walls and fridge. Ambient temp was 87.8F.

# **Narrative**

According to Det. Gilbert, HPD Homicide, the decedent and her spouse own the nail salon in which she was found. There is a long standing history of domestic violence between the two; and it was reported their minor children are in CPS custody due to the spouse assaulting the decedent on multiple occasions.

The decedent was last seen alive by her spouse at approximately 8pm on 07-20-2015 when they both were counting cash inside the salon. The spouse reported to HPD that after counting the cash he left the business and headed home. He reported the decedent stayed behind. The following day, on 07-21-2015, the spouse noted the

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Case Number: ML15-2613

decedent was not home and became concerned. He then drove to the nail salon and noted it was locked so he made entry with his key. He then found the decedent deceased with head trauma at the back of the business.

HPD reported the decedent's vehicle was found abandoned approximately one mile away from the salon with the driver window broken. The cash from the store was missing; however, the decedent's wallet with TDL were found on a table inside. HPD is suspicious of the spouse's story and detained him for questioning.

HPD would like to attend the exam with a one hour lead time.